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FINAL DRAFT

“PREFERRED EVIDENCE-BASED STANDARDS” (PEPS)
FOR MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

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I. Background: Preferred Practice Guidelines have been developed by the former Division of Mental Health. Substance Abuse has developed a draft of guidelines as well. Substance Abuse and Mental Health guidelines were developed through a consensual process in collaboration with key stakeholders in Utah's public mental health and substance abuse system. Preferred Practice Guidelines were initially developed to guide practitioners on methods and approaches to treat specific target populations and persons with identified DSM diagnoses. Recently questions have been raised regarding whether or not the Guidelines have evolved into mandates, and the process the division will use to endorse Preferred Practices.

II. Evidence Based Practices (EBP's): Nationally there is a move towards developing and implementing evidence-based practices in prevention and treatment. Major national organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and professional organizations have endorsed the move towards EBP's. Performance Partnership Grants (PPG's) are replacing the traditional grant in aid concept on the national level, which will tie funding to performance and outcomes. Identification of Best Practices that are based on evidence and proven methods and technologies has begun.

III. Levels of Rigor: The nature of evidence is a salient point of discussion. What standards or benchmarks will be used to determine which practices and methods meet the highest scientific rigor, and which ones hold promise but yet do not meet the highest standards? In developing standards and levels of rigor, the paradigm developed in the field of substance abuse prevention can instruct.

IV. Definitions: There has been confusion regarding what is *required or mandated*, what is *recommended*, and what is *suggested*. Correspondingly, there has been a request to distinguish between *standards versus guidelines*. Accordingly, the following definitions are offered:

Standard: An established and well-recognized benchmark or practice that is clearly recognized in the field as a standard of care and is supported by rigorous scientific research and can generalize to other systems of care.

Guideline: A general outline of a process or a direction that provides guidance on how to approach a particular syndrome. Or a process or guideline used with a particular population.

V. Categories: The typology of standards is listed in paragraph VI.

Types 1 and 2 would be *promising practices pending further research*. Type 3 would be *acceptable*. Type 4 and 5 would be *standards*.

It is recognized that in some cases a community mental health/substance abuse center may not have the funding or staff expertise to implement a standard of practice. In those cases, the barriers should be identified, and if feasible, a plan to move towards the Type 4 and Type 5 standards should be developed.

VI. Process: In collaboration with stakeholders, the division will develop a process to consider whether or not a Preferred Evidence-Based Standard (PEPS) should be developed around a clinical syndrome or around a special population. If it is determined that a PEPS should be developed, then it should be reviewed and discussed by the UBHN Clinical Services Committee. They will forward their recommendations to the UBHN board. It is recommended that before a guideline is endorsed by the DSAMH Board that it should be supported by an endorsement from the UBHN center directors.

When a need is identified for a PEPS to be developed, and if it is determined that an expert panel should be formed, it is recommended that each center director be allowed to appoint someone from their staff to serve on the panel if they desire. Center directors can also suggest outside experts to serve on the panel.

Note: Before determining whether or not to develop a PEPS, there must be a widely held consensus in the field that a syndrome actually exists and is treatable.

- Type 1 The program/principle has been identified or recognized publicly, and has received awards, honors, or mentions by a widely recognized professional or government organization (such as NASW, APA, AMA, NIDA, CSAT). This level of recognition is alone insufficient to ensure that principles derived from the strategy, or the model itself, are effective.
- Type 2 The program/principle has appeared in a non-refereed professional publication or journal. It is important to distinguish between citations found in professional publications and those found in journals.
- Type 3 The program's source documents have undergone thorough scrutiny in an expert/peer consensus process for the quality of implementation and evaluation methods, or a paper has appeared in a peer-reviewed journal.
- Type 4 The program/principle has undergone either a quantitative meta-analysis or an expert/peer consensus process in the form of a qualitative meta-analysis.
- Type 5 Replications of the program/principle have appeared in several refereed professional journals.

- VII. Endorsement: Final ratification of a PEPS will be made by the Board of Substance Abuse and Mental Health.
- VIII. Guideline Format: Each PEPS will use a similar format. Sections will include: (A) statement of the disorder or problem needing treatment, (B) treatment modality, (C) qualifications of provider (if applicable, e.g. medication by M.D. or APRN) and (D) reference section with literature citations. It is expected that a PEPS will be about two or three pages in length but should not exceed five pages.
- IX. Monitoring: Any PEPS which reaches the Type 4 or Type 5 designation will be adopted by the division as a Standard. Standards will be considered important and it is expected that a center will incorporate Standards into practice. Standards will be integrated into the monitoring of centers who receive public funds (during annual site reviews). Any center can request an exception not to be held to a particular Standard by presenting an exception request. The division will review each exception request for merit and make a decision.
- X. Sunset Date: Each PEPS in Type 4 or Type 5 will automatically be subject to expiration at a date of five years from its adoption. It must then be re-evaluated for its continuing inclusion as a Standard.